

NCNG CHILD AND YOUTH VOLUNTEER INFORMATION SHEET

Name: _____

Address: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email Address: _____

SSN: _____ Date of Birth: _____

Are you a North Carolina National Guardsman? _____

If so, what unit: _____

If you are **not** with NCNG what is your affiliation with the NCNG
(spouse, parent, retiree)? _____

Work Experience: _____

Volunteer Experience: _____

Special Skills, Interests, Hobbies: _____

Areas of Opportunity (please check those interested in)

___ Tent Counselor

___ Land Navigation

___ Repelling Are you a certified Repel Master _____

___ Starbase Program

___ Marksmanship

___ Obstacle Course/Physical Training

___ Medical/First Aid

___ Team Building Exercises

___ Crafts

___ Other (please list) _____

References:

Name, Address & Phone Number _____

Name, Address & Phone Number _____

Allergies: _____

Activity Restrictions: _____

Dietary Restrictions: _____

Medications/Medical Treatments: _____

Do you have a current Tetanus shot (within 10 years)? Date: _____

Individual you wish contacted in case of emergency:

Name: _____ Phone Number: _____

Sign _____ **Date** _____

Mail or Fax (along with your **Criminal Background Check**) To:

Alice Dean, NCNG State Youth Coordinator
2025 National Guard Drive
Morrisville, NC 27560
Fax: 919 664-6845

For questions please call or email Alice Dean

Phone	919 664-7616 800 621-4136 ext 7616
Email	alice.dean@us.army.mil